

**ATTORNEY DOCKET NO. 03224.0001U1
PATENT**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)	
)	
Fred Allegranza)	Group Art Unit: 2623
)	
Application No.: 09/839,581)	Examiner: Christopher L. Parry
)	
Filing Date: April 20, 2001)	Confirmation No.: 1423
)	
For: SYSTEM AND METHOD FOR)	
RETRIEVING AND STORING)	
MULTIMEDIA DATA)	

TRANSMITTAL LETTER

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
Customer Number 23859

October 17, 2007

Sir:

Transmitted herewith are the following in the above-identified application:

<input checked="" type="checkbox"/>	Response Accompanying RCE	<input checked="" type="checkbox"/>	RCE Transmittal
<input checked="" type="checkbox"/>	Fee as calculated below	<input checked="" type="checkbox"/>	Petition to Extend Time
<input type="checkbox"/>	No Additional Fee Required	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Replacement Drawings	<input type="checkbox"/>	Other _____

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims	22	52	0	X \$50.00		\$0.00
Independent Claims	2	8	0	X \$210.00		\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$370.00		\$0.00
<input checked="" type="checkbox"/> Request for Continued Examination (RCE) Fee				+ \$810.00		\$810.00
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$460 <input checked="" type="checkbox"/>	3 rd Month \$1050 <input type="checkbox"/>	4 th Month \$1640 <input type="checkbox"/>	5 th Month \$2230 <input type="checkbox"/>	\$460.00
<input checked="" type="checkbox"/> Reduction by 1/2 for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						- \$635.00
TOTAL FEE DUE						\$635.00

ATTORNEY DOCKET NO. 03224.0001U1
APPLICATION NO. 09/839,581

Payment:

- ☐ A check in the amount of \$_____ is enclosed.
- ☒ Payment by credit card in the amount of \$635.00 for the fees designated below.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

Respectfully submitted,

NEEDLE & ROSENBERG, P.C.

/Jason S. Jackson/
Jason S. Jackson
Registration No. 56,733

NEEDLE & ROSENBERG, P.C.
Customer Number 23859
(678) 420-9300
(678) 420-9301 (fax)